

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/55180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
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16	1					
17	1					
18	1					
19		1				
20			1			
21			1			
22			1			
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28			1			
29			1			
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	12	←	12	←		
TOTAL CLAIMS	18		18			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←			←	
TOTAL CLAIMS						←